Por 1

## ALABAMA DEPARTMENT OF REVENUE Fiduciary Income Tax Return

2001

For the calendar year	2001 or fiscal year beginning		_, 2001, and	ending			,	_	
RECEIVING STAMP	Employer Identification Num	ber Soc	cial Security	Number			T WRITE IN THIS S		
							Rev		
	Name of Estate or Trust								
	Name and Title of Fiducion					Add'l Tax	\$		
	Name and Title of Fiduciary					Interest	\$		
	Address of Fiduciary (number	er and street)				Total Add'l  ► FN	\$		
	radiood of Fladolary (Harrist	n and oncory				FIN			
	City, State, and Zip Code								
IMPORTANT									
PLEASE GIVE ALL INFORMATION REQUEST	First Return	☐ Amended	Return	☐ Fin	al Return				
INFORMATION REQUEST	ED		rtotani						
Date of creation of trust or de	_						ESTATE or		
	Revocable or Irrevocable.						sis or Accrua	al Basis?	
	page 2, Part I, line 23 (Complete sch					1			
	from page 2, Part III, line 5 (Comple		,			3			
	CT TO DISTRIBUTION (Subtract line able to Beneficiaries (List names and	,				4			
	JCIARY (Subtract line 4 from line 3).	,				5			
	(See instructions)					6	1,500	00	
	Subtract line 6 from line 5)						1,500	00	
	4					7			
u		TATION OF TAX –							
8 \$	at 2 percent (On first \$500,	or fraction thereof, of amo	unt taxable	)		8			
	at 4 percent (On next \$2,50					9			
10 \$	at 5 percent (On all over \$3					10			
11 TOTAL TAX DUE (Tot	al of lines 8, 9, and 10)					11			
	paid to other states (See instructions								
<b>b</b> Capital Cre	dit (See instructions for limitations).		12b						
<b>c</b> Amount pa	id with Form 4868A		12c						
13 Total Credits (Total of	12a, 12b, and 12c)					13			
· ·	act line 13 from line 11) PAY THIS AN					14			
15 NET REFUND (If line 1	13 is larger than line 11, enter overpa					15			
DENIELICIADII	ES' SHADES OF INCOME	. ► CN					(For officia	Luco only)	
BENEFICIARII	ES' SHARES OF INCOME	1					(For officia	i use only)	
					Distribut	ve Share of Net	Income Reported of	n line 4	
						Nontaxable	· ·	<b>B.</b> Taxable	
Name	Address	City and State	Socia	Social Security Number		o Nonresidents			
a									
b									
С									
d									
е									
f									
	beneficiaries (add lines a through f,								
Returns with payment must	be filed with the Alabama Department has been seen as the filed with the Alabama Department has filed with the Alabama Department has been seen as the filed with the fil	ent of Revenue, Individua	al and Corp	orate Tax Divis	ion, P.O. Box	327444, Moni	tgomery, AL 361	32-7444.	
on or before April 15, 2002	ust be filed with the Alabama Depart (Fiscal Year Returns must be filed or	ment of Revenue, individu	iai and Cor the fourth	porate Tax Divi	the close of t	x 327440, MON ne fiscal vear )	tgomery, AL 361	32-7440,	
011 01 001010 7 pm 10, 2002.	1	· · · · · · · · · · · · · · · · · · ·							
Please Un	I authorize a representative of the Depa der penalties of perjury, I declare that I						my knowledge and	holiof	
	y are true, correct, and complete. Declara							Dellei	
Here			1	I			1 1		
_	nature of fiduciary or officer representing fiducia	ary	Date	Daytime	Telephone No.		Social Security Num	ber	
	parer's	•		Date		Prep	arer's Social Security		
raiu	parer s nature				Check if self-employed				
Preparer's Firm	n's name (or yours,				E.I. No.		<del>i</del>		
	elf-employed) ————————————————————————————————————				ZIP Code >				

	ART I – Income DEND INCOME (List Payers and Am	ounte)											
	DEIND INCOME (LIST I dycis dild Am	ounts											
	Total Income from Dividends								▶	1			
INTE	REST INCOME (List Payers and Am	E	EXEMPT	1	7	ΓAXABLE							
	Total Taxable Income from Interest								▶	2			
PRO 3	FIT FROM SALE OF REAL ESTATE,	T .	1 -	6 Dep	preciation	7 (		8 Subsec					
Kind of Property		4 Date Acquired	5 Amount Received	Allow	able Since		Cost or ner Basis	8 Subseq Improve					
9	Totals												
	Net Profit or (Loss) (Sum of columns		mns 7 and 8)						▶	10			
	DME FROM RENTS AND ROYALTIES	3	10	12 Don	oreciation	14		1E Otho	ar.				
11	Kind and Location of Property		12 Amount of Rent or Royalty	,	Depletion in in Part II)		lepairs Itemized List)	15 Othe Expension (Attach Item	ses ized List)				
				(Ехрій	arriiri arriij			(Fittaoi) itoiii	izou ziotj				
16	Totals												
	Net Profit or (Loss) (Column 12 less s						▶	17					
18 Income from Partnerships (Name and Address)									40				
19	Income from Other Fiduciaries (Name	and Address)							_ ^	18			+
										19			
	Business Income (Attach copy of Fed	,	•	•						20			
<ul> <li>21 Farm Income (Attach copy of Federal Schedule F) (See instructions)</li> <li>22 Income from Other Sources (State nature)</li> </ul>								21			+		
23 TOTAL INCOME OR (LOSS) (Add lines 1, 2, 10, 17, 18, 19, 20, 21, and 22)												$\top$	
	Enter here and on page 1, line 1								▶	23			
1	PART II – Explanation of Deduction For Depreciation Claimed  1 2 3			imed in	In Part I, Column 13  4 Depreciation 5			5		6		7	
	Kind of Property (if buildings, mate of which constructed). Exclude land other nondepreciable property.	l and	Date Acquired	0	Cost or ner Basis	Allo Allo	owed (or wable) in or Years	Method Compu Deprecia	ting	-	Rate (%) Life (Years)	Deprecial for This	
			+										
	ART III - Deductions Describe de	ductions and state to	whom paid. If more										
INTE	REST PAID			_				SSES (Atta			orm 4684)		Т
					3a Enter the amount from Form 4684 3b Less exclusion: Enter 10% of Form 41, line								+
				3c Allowable Loss (Subtract line 3b from 3a)							-		
If zero or less, OTHER DEDUCTION								_					
								limitation.					Т
					4b Enter	2% of F	orm 41, line	e 1					
	Total Interest	<u></u>			4c Baland	•		,					
IAX	ES (See instructions)			<del>,                                    </del>				to 2% limita					+
_					<b>4e</b> Total (	Other De	eductions						$\top$
				4	<u> </u>					<b>&gt;</b>			<del>                                     </del>
	Total Taxes			+				<i>c, and 4e)</i> 1, line 2		<b>•</b>			